

Citation of CDC's A/Taiwan Immunization Campaign as a Model Is "Disturbing"

Assistant Secretary for Health Dr. Robert Windom's call for systematic, targeted adult immunization programs (*Public Health Reports*, May-June 1987) is admirable, but his choice of last winter's A/Taiwan influenza episode as a model program is disturbing. Far from being a shining example of an effective immunization effort, the A/Taiwan campaign was riddled from start to finish with confusion, inaccuracy, and misinformation which led directly to the vaccine shortages Dr. Windom mentions in passing. If Dr. Windom is "proud of this national achievement," it can only be because he has forgotten the events of the A/Taiwan campaign.

The Centers for Disease Control recommended the monovalent A/Taiwan vaccine for high-risk individuals under age 35, but CDC statements created some confusion about whether people over 35 might be at risk as well. Confusion became misinformation when the Department of Health and Human Services (HHS) allowed a drug industry-funded group, the National Foundation for Infectious Diseases (NFID), to conduct the publicity campaign for the vaccine. The NFID blatantly misrepresented CDC recommendations, stating repeatedly that high-risk people over 35 and all people over 65 should receive the vaccine. Furthermore, the NFID and Dr. Windom himself joined in creating the impression—conveyed to the American public via press reports—that all people under age 35 should receive the vaccine.

HHS bears considerable responsibility for the NFID's misinformation campaign. Federal officials could have worked vigorously to disseminate correct information from the start, could have held a Government press conference featuring informed experts, could have stepped in to publicly correct the NFID's many inaccurate statements. They did none of these things. As a result, the NFID's misinformation created confusion and anxiety nationwide and led to a clamor for the A/Taiwan vaccine by low-risk people, which in turn led to a shortage of vaccine for those who truly needed it.

Dr. Windom's touting of the A/Taiwan misadventure as a "national achievement" leads us to believe that HHS has failed to learn from its mistakes in that campaign and is therefore doomed to repeat them.

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Dr. Windom Replies

The letter of Ms. Erdman and Dr. Wolfe focuses on a very small aspect of my editorial on adult immunization

(*Public Health Reports* 102: 245-247, May-June 1987). The editorial draws attention to an important fact for persons interested in public health—the need to improve the use of safe and effective vaccines among adults who would benefit from them. While vaccines have had a dramatic effect on the occurrence of vaccine-preventable diseases in children, a substantial proportion of the remaining morbidity and mortality occurs among adults. As outlined in the editorial, current protection levels of adults in the United States illustrate the need for increased efforts to prevent and control these diseases.

Improving utilization of vaccines among adults will require a multifaceted strategy involving collaboration of health providers, consumer groups, and public and private organizations interested in adult immunization. Since Federal funds are limited, it is in the public's best interest for Federal agencies to facilitate activities by organizations which promote control of influenza and other vaccine-preventable diseases. Relationships among public and private organizations must be strengthened to strongly encourage broader use of effective immunizing agents.

The situation referred to was in large part due to the unpredictable nature of influenza viruses. In 1986, after production of the trivalent vaccine was completed, new strains of H1N1 influenza virus appeared, necessitating production of a different, supplemental monovalent vaccine. The existence of two influenza vaccines admittedly led to some confusion regarding their use. The supplemental vaccine was administered to some persons who were not at high risk for serious influenza-related complications from that strain. There may also have been occasions when the supplemental vaccine was not available for high-risk persons because of local shortages or other factors. Despite this, millions of Americans needing the supplemental vaccine were protected, and there was increased awareness of the benefits of influenza vaccination.

Accurate information regarding new circulating influenza strains and production of a supplemental vaccine was published in the *Morbidity and Mortality Weekly Report (MMWR)* as early as August 15, 1986. In addition, an update on influenza activity in the United States, including information on availability of influenza vaccines and a clarification of recommendations for the use of vaccines, was published in *MMWR* on January 9, 1987. The *MMWR* is an excellent means of informing the public health and medical communities, and it is widely distributed to the press. Unfortunately, press reports of selected informal comments about influenza vaccine use seem to have received more attention than formal statements published in the *MMWR*.

The Centers for Disease Control (CDC) will continue to publish important health information in the *MMWR* about influenza prevention and control as the most